

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: José A. Pérez Franceschi

Participant's Address: Urb. Jardines de Santo Domingo calle # H-10 p.d. PR-00795

Participant's Email Address: _____

Name of Counsel: N/A

Address of Counsel: N/A

Email Address of Counsel: N/A

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17 BK 3283-LTS

Nature of Claim: _____

By: José A. Pérez F

Signature

José A. Pérez Franceschi

Print Name

Title (if Participant is not an individual)

19/08/2021

Date

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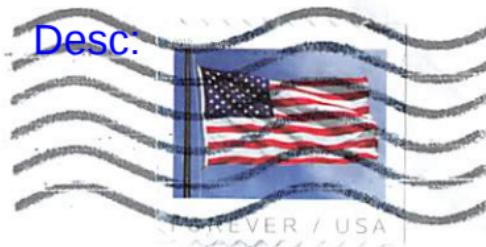
Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

JOSE ALFREDO PEREZ FRANCESCHI
URB JARD SANTO DOMINGO
H 10 CALLE 1
JUANA DIAZ PR 00795

Case:17-03283-LTS

Doc#:18315-1 Filed:09/30/21 Entered:09/30/21 10:24:51
Pro se Notices of Participation Page 2 of 4

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Court's Clerk's Office at: United States District Court, Clerk's
150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Alma R. Rolón Pérez

Participant's Address: P.O. Box 1104, Cidra, P.R.

Participant's Email Address: N/A

Name of Counsel: _____

Address of Counsel: _____

Email Address of Counsel: _____

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 175957

Nature of Claim: Wages Back Pay Promesa Title III

By: Alma R. Rolón Pérez

Signature

Alma R. Rolón Pérez

Print Name

no. 17BK 3283-LTS

Title (if Participant is not an individual)

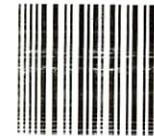
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Date

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Alma R. Robín
P.O. Box 1104
Cidra, PR
00739-1104

Case:17-03283-LTS Doc#:18315-1 Filed:09/30/21 Entered:09/30/21 10:24:51 Desc:
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